



STATE OF MARYLAND

# DMMH

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Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary

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February 17, 2012

## Public Health & Emergency Preparedness Bulletin: # 2012:06 Reporting for the week ending 02/11/12 (MMWR Week #06)

### CURRENT HOMELAND SECURITY THREAT LEVELS

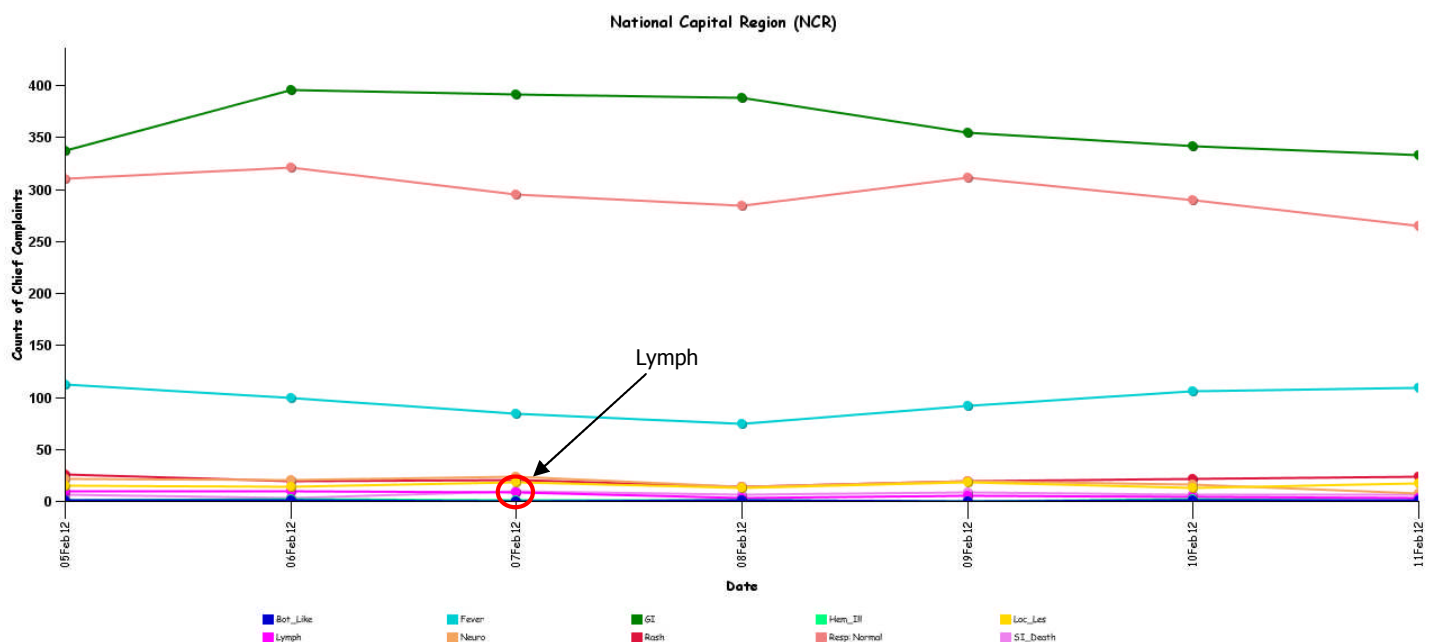
**National:** No Active Alerts  
**Maryland:** Level One (MEMA status)

### SYNDROMIC SURVEILLANCE REPORTS

#### **ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics):**

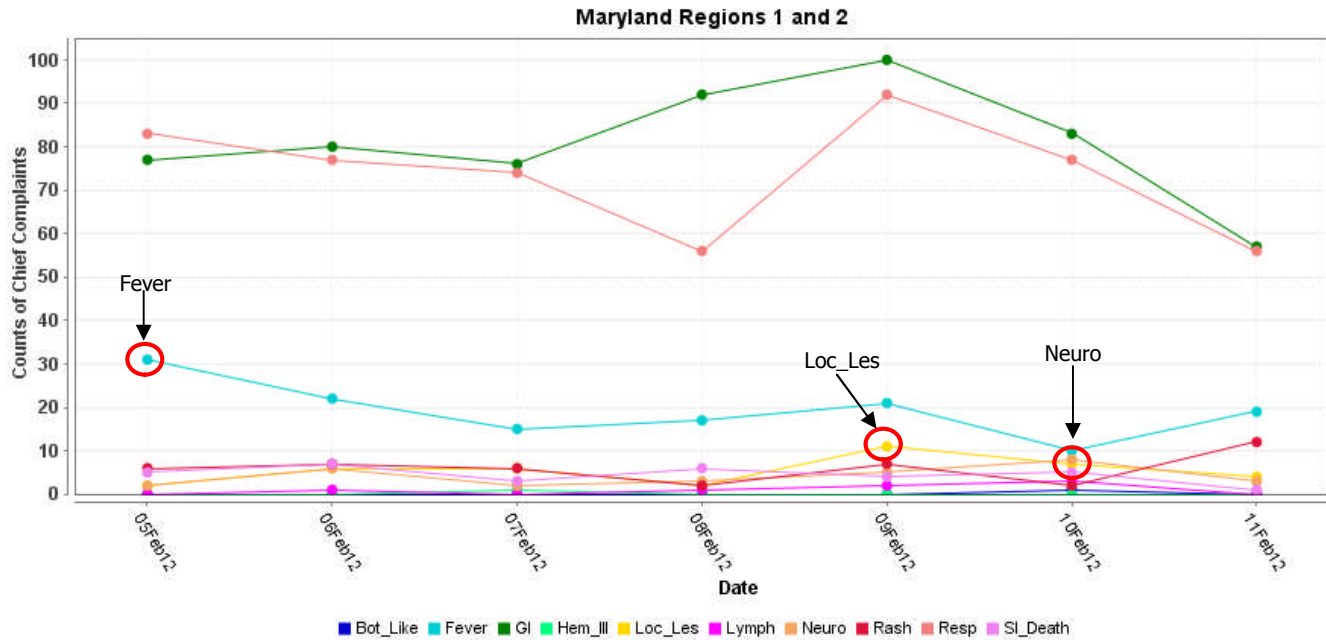
Graphical representation is provided for all syndromes, excluding the "Other" category, all age groups, and red alerts are generated when observed count for a syndrome exceeds the 99% confidence interval. Note: ESSENCE – ANCR uses syndrome categories consistent with CDC definitions.

Overall, no suspicious patterns of illness were identified. Track backs to the health care facilities yielded no suspicious patterns of illness.

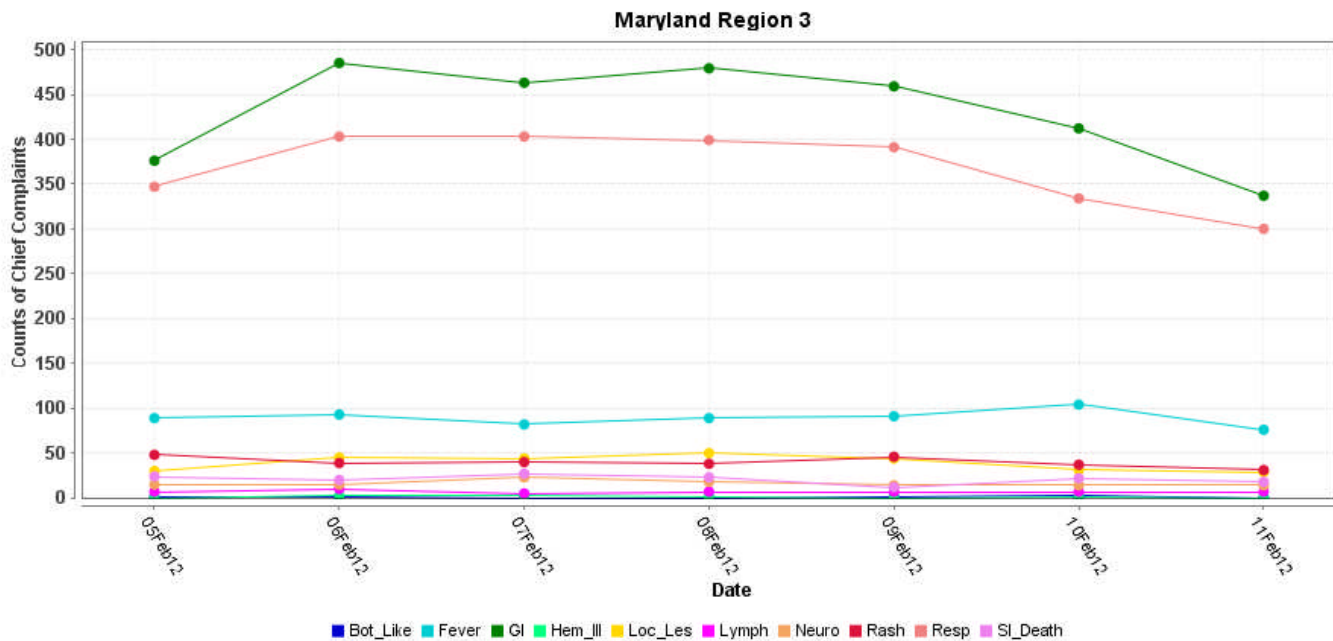


\*Includes EDs in all jurisdictions in the NCR (MD, VA, and DC) reporting to ESSENCE

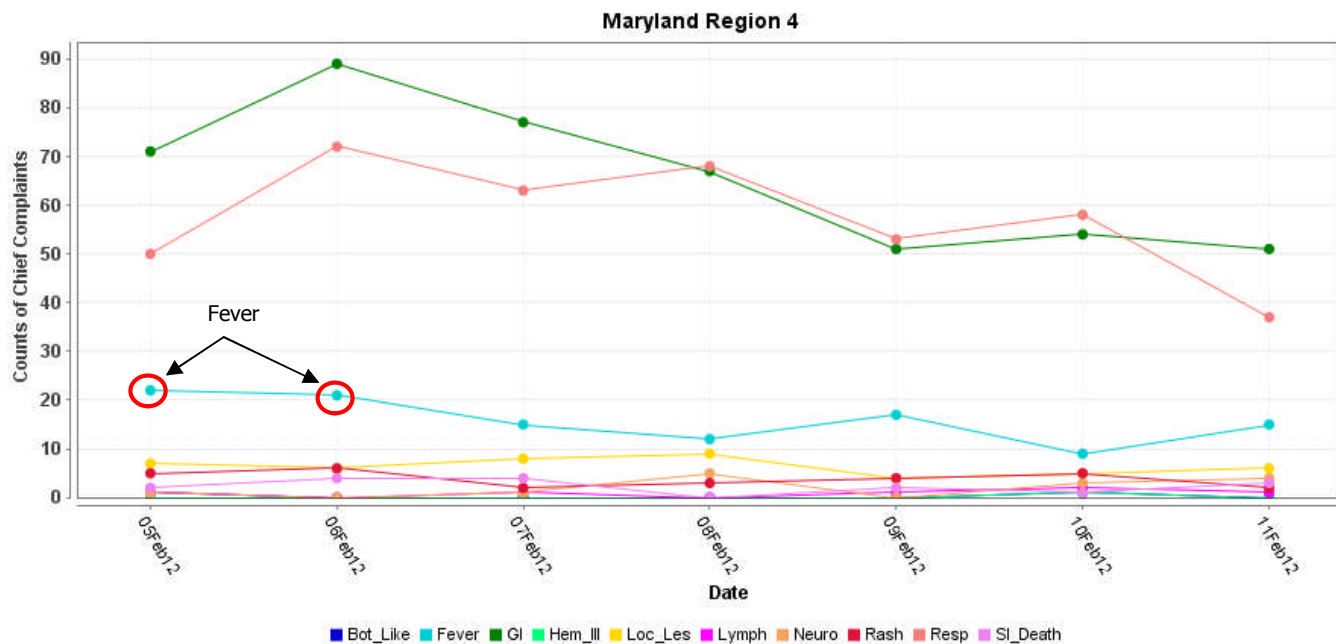
## MARYLAND ESSENCE:



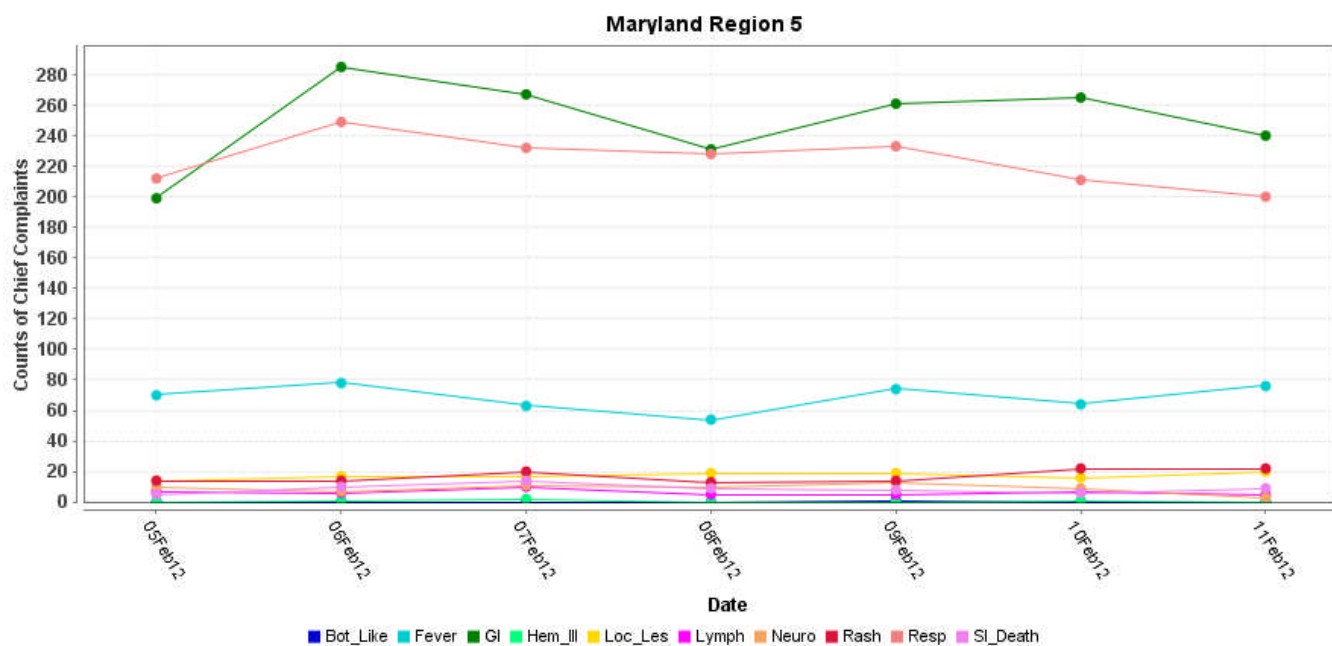
\* Region 1 and 2 includes EDs in Allegany, Frederick, Garrett, and Washington counties reporting to ESSENCE



\* Region 3 includes EDs in Anne Arundel, Baltimore City, Baltimore, Carroll, Harford, and Howard counties reporting to ESSENCE



\* Region 4 includes EDs in Cecil, Dorchester, Kent, Somerset, Talbot, Wicomico, and Worcester counties reporting to ESSENCE

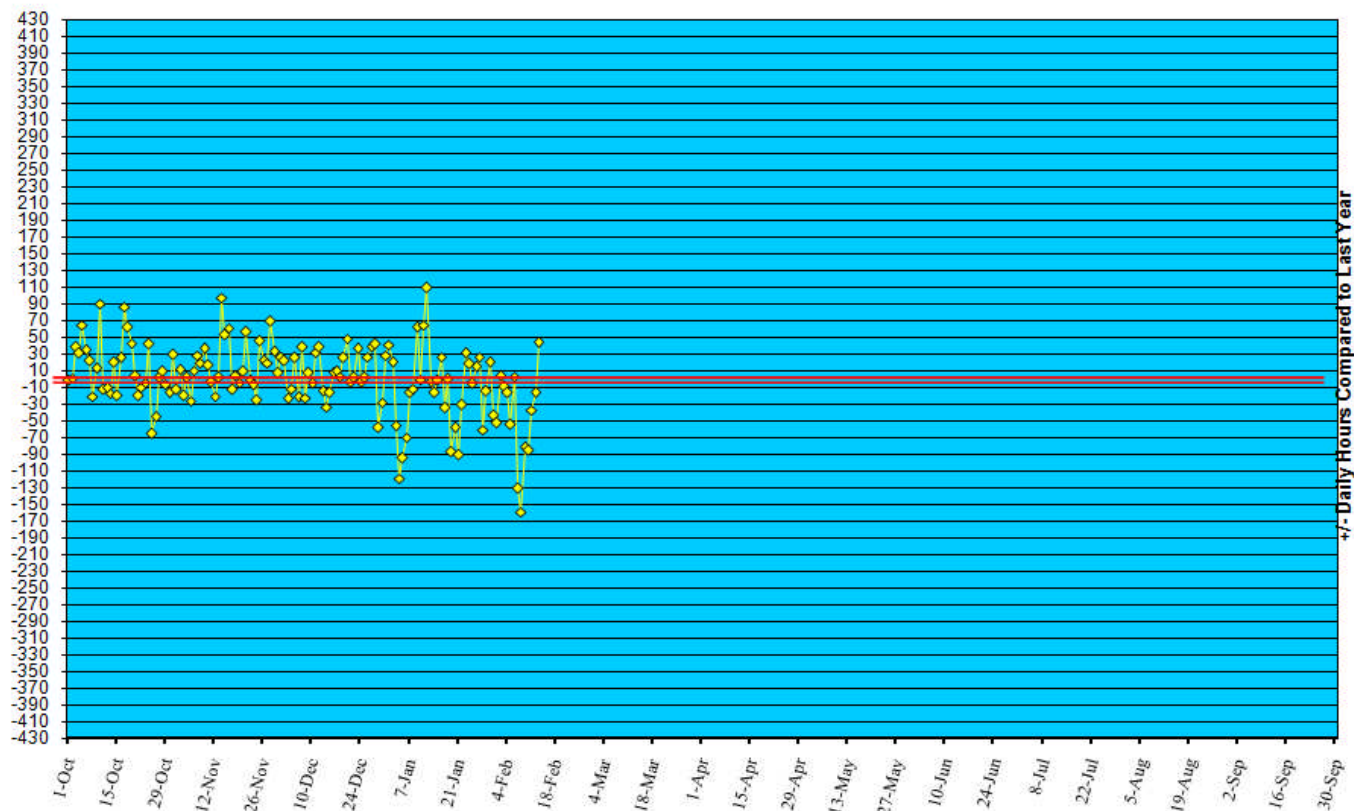


\* Region 5 includes EDs in Calvert, Charles, Montgomery, Prince George's, and St. Mary's counties reporting to ESSENCE

## **REVIEW OF EMERGENCY DEPARTMENT UTILIZATION**

**YELLOW ALERT TIMES (ED DIVERSION):** The reporting period begins 10/01/11.

### **Statewide Yellow Alert Comparison Daily Historical Deviations October 1, '11 to February 11, '12**



## **REVIEW OF MORTALITY REPORTS**

**Office of the Chief Medical Examiner:** OCME reports no suspicious deaths related to an emerging public health threat for the week.

## **MARYLAND TOXIDROMIC SURVEILLANCE**

**Poison Control Surveillance Monthly Update:** Investigations of the outliers and alerts observed by the Maryland Poison Center and National Capital Poison Center in January 2012 did not identify any cases of possible public health threats.

## **REVIEW OF MARYLAND DISEASE SURVEILLANCE FINDINGS**

### **COMMUNICABLE DISEASE SURVEILLANCE CASE REPORTS (confirmed, probable and suspect):**

#### **Meningitis:**

New cases (February 5 – February 11, 2012):

Prior week (January 29 – February 4, 2012):

Week#6, 2011 (February 6 – February 11, 2011):

#### **Aseptic**

7

5

15

#### **Meningococcal**

0

0

0

## 15 outbreaks were reported to DHMH during MMWR Week 6 (February 5 – 11, 2012)

### 10 Gastroenteritis outbreaks

5 outbreaks of GASTROENTERITIS in Nursing Homes  
4 outbreaks of GASTROENTERITIS in Assisted Living Facilities  
1 outbreak of GASTROENTERITIS in a State Facility

### 1 Foodborne outbreak

1 outbreak of GASTROENTERITIS/FOODBORNE associated with a Private Home

### 3 Respiratory illness outbreaks

1 outbreak of ILI/PNEUMONIA in a Nursing Home  
2 outbreaks of PNEUMONIA in Nursing Homes

### 1 Rash illness outbreak

1 outbreak of SCABIES in a Nursing Home

## **MARYLAND SEASONAL FLU STATUS**

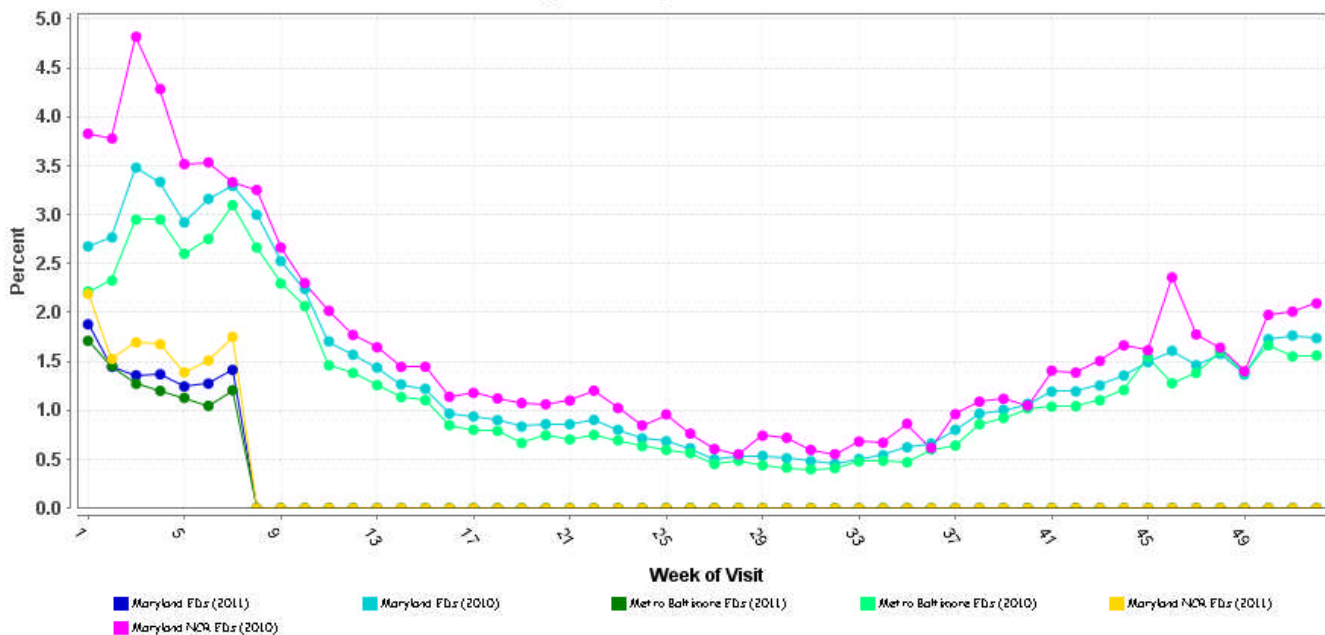
Seasonal Influenza reporting occurs October through May. Seasonal influenza activity for Week 6 was: No activity, Minimal Intensity.

## **SYNDROMIC SURVEILLANCE FOR INFLUENZA-LIKE ILLNESS**

Graphs show the percentage of total weekly Emergency Department patient chief complaints that have one or more ICD9 codes representing provider diagnoses of influenza-like illness. These graphs do not represent confirmed influenza.

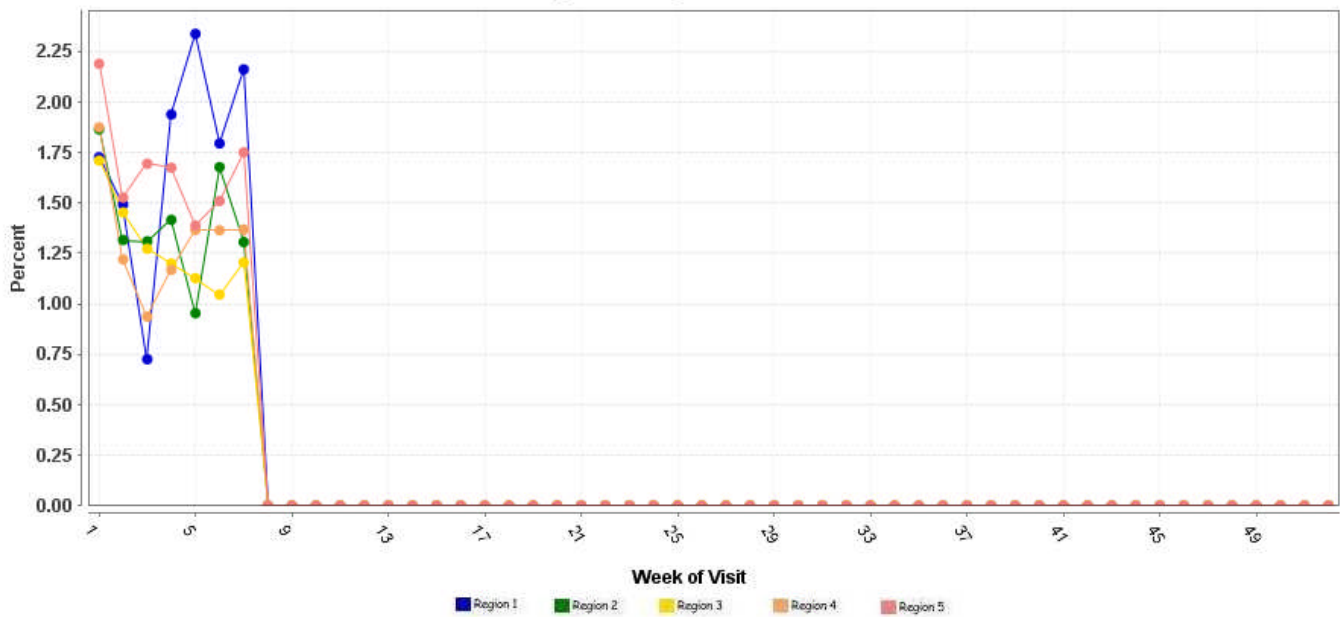
Graphs show proportion of total weekly cases seen in a particular syndrome/subsyndrome over the total number of cases seen. Weeks run Sunday through Saturday and the last week shown may be artificially high or low depending on how much data is available for the week.

**Weekly Percentage of Visits for ILI**



\* Includes 2010 and 2011 Maryland ED visits for ILI in Metro Baltimore (Region 3), Maryland NCR (Region 5), and Maryland Total

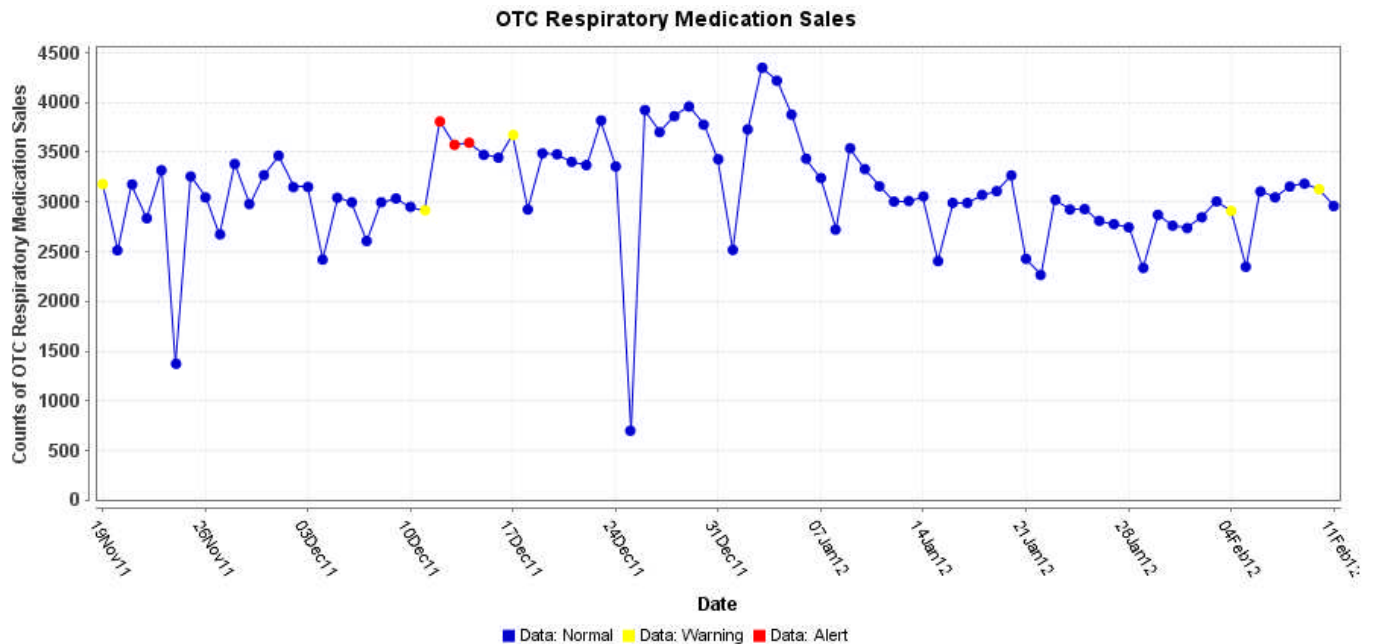
**Weekly Percentage of Visits for ILI**



\*Includes 2011 Maryland ED visits for ILI in Region 1, 2, 3, 4, and 5

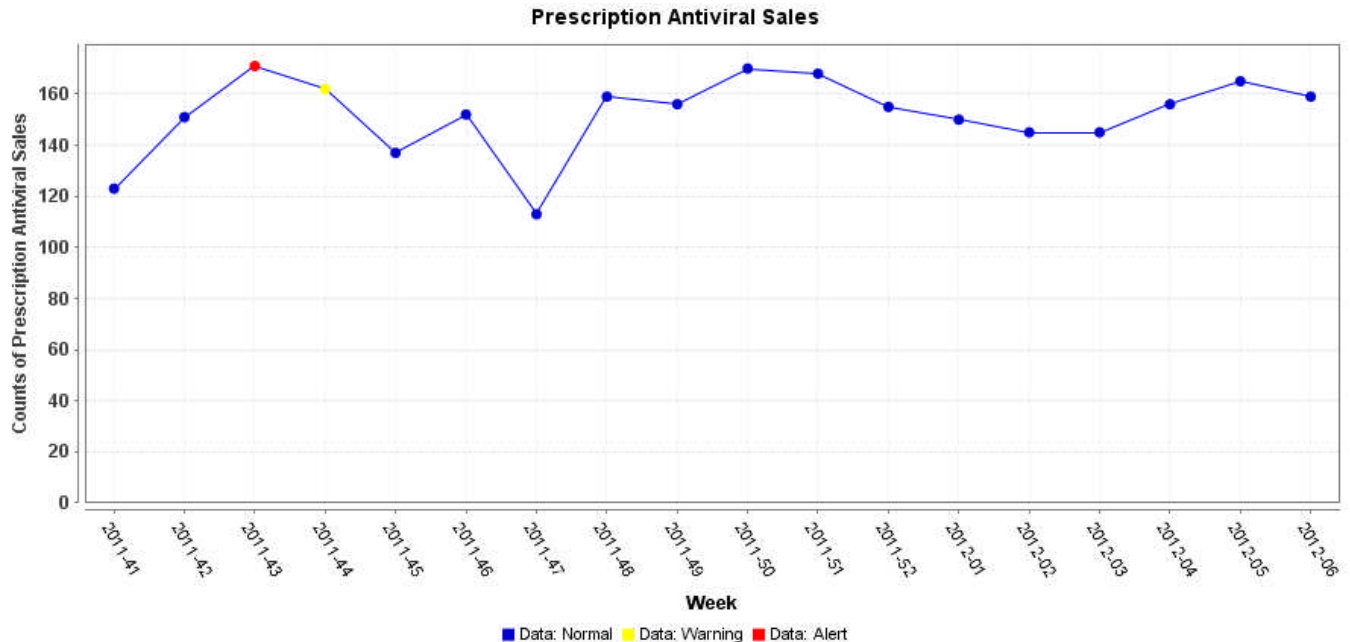
#### OVER-THE-COUNTER (OTC) SALES FOR RESPIRATORY MEDICATIONS:

Graph shows the daily number of over-the-counter respiratory medication sales in Maryland at a large pharmacy chain.



## PRESCRIPTION ANTIVIRAL SALES:

Graph shows the weekly number of prescription antiviral sales in Maryland.



## PANDEMIC INFLUENZA UPDATE / AVIAN INFLUENZA-RELATED REPORTS

**WHO update:** The current WHO phase of pandemic alert for avian influenza is 3. Currently, the avian influenza H5N1 virus continues to circulate in poultry in some countries, especially in Asia and northeast Africa. This virus continues to cause sporadic human infections with some instances of limited human-to-human transmission among very close contacts. There has been no sustained human-to-human or community-level transmission identified thus far.

In **Phase 3**, an animal or human-animal influenza reassortant virus has caused sporadic cases or small clusters of disease in people, but has not resulted in human-to-human transmission sufficient to sustain community-level outbreaks. Limited human-to-human transmission may occur under some circumstances, for example, when there is close contact between an infected person and an unprotected caregiver. However, limited transmission under such restricted circumstances does not indicate that the virus has gained the level of transmissibility among humans necessary to cause a pandemic.

As of February 8, 2012, the WHO-confirmed global total of human cases of H5N1 avian influenza virus infection stands at 584, of which 345 have been fatal. Thus, the case fatality rate for human H5N1 is approximately 59%.

## NATIONAL DISEASE REPORTS

**CAMPYLOBACTERIOSIS (PENNSYLVANIA):** 10 February 2012, The number of confirmed Campylobacter illnesses linked to raw milk from Your Family Cow dairy in Chambersburg, PA has risen to 60, according to the latest report Friday, 10 Feb 2012, from the Pennsylvania Department of Health. Since Food Safety News last reported on Tuesday that the dairy had resumed production after passing a state health inspection, an additional 17 people have been confirmed ill from Campylobacter jejuni infection. The latest breakdown of illnesses by state is as follows: Pennsylvania (51 illnesses), Maryland (4), West Virginia (3), New Jersey (2). According to a Pennsylvania Department of Agriculture spokesperson, the dairy passed its health inspection on Monday after its unpasteurized milk tested negative for pathogens over a 24-hour period. In its February 3 update on the outbreak, the Pennsylvania health department said that approximately half of 36 confirmed cases were individuals under the age of 18. The health department plans to continue updating the number of ill as cases surface. (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) \*Non-suspect case

**CLOSTRIDIUM PERFRINGENS (USA):** 6 February, 2012, Laboratory testing by the Department of Health has identified *Clostridium perfringens* as the cause of the about 50-person outbreak associated with the Pierre-Mitchell high school boys' basketball game held in Pierre, SD, 31 Jan 2012. The investigation, which included voluntary questionnaires, implicated tacos as the source food of the outbreak. Of those completing questionnaires, 75 percent who ate the tacos reported becoming ill. The Health Department says, the predominant symptoms were diarrhea and cramps lasting less than 24 hours, although the symptoms in some ill persons lasted longer. It was reported 75 percent of the cases became ill between midnight and 6:00 AM following the game. *Clostridium perfringens* is a bacterium that is sometimes found on raw meat and poultry products. It is also found in many environmental sources and in the intestines of animals and humans. *Clostridium perfringens* poisoning can occur when quantities of food are prepared and kept at unsafe temperatures. Anyone can get food poisoning from *Clostridium perfringens*, but the very young and elderly are at highest risk. Dehydration may occur in severe cases. The illness is not passed from one person to another. This type of food poisoning can be prevented by proper



cooking and proper refrigeration. Meat dishes should be served hot, immediately after cooking. Leftover foods should be refrigerated at 40 degrees F or lower. Large pots of food, such as soups or stews, or large cuts of meats, such as roasts or whole poultry, should be divided into small quantities for refrigeration. Foods that have dangerous bacteria in them may not taste, smell, or look different. Any food that has been left out too long may be dangerous to eat, even if it looks okay. (Food Safety Threats are listed in Category A on the CDC List of Critical Biological Agents) \*Non-suspect case

**LEGIONELLOSIS (NEW YORK):** 5 February 2012, 6 cases of Legionnaire's disease have been linked to the Best Western Sovereign Hotel at 1228 Western Ave., [Albany, New York], the [New York] State Department of Health said Thursday [2 Feb 2012]. The guests who became ill stayed at the hotel between September and December [2011], according to Peter Constantakes, a health department spokesman. Tests confirmed Monday [30 Jan 2012] that higher than normal levels of *Legionella* bacteria were present in the hotel's water system, Constantakes said. "We are fully cooperating with the Department of Health on this matter, and have taken all recommended steps to eliminate the bacteria," said Phoenix-based Best Western International in a statement. "Of note, the Department of Health has not closed the hotel, which means that the Department of Health has determined that current guests are not at risk based upon the remedial measures we have taken. In addition, we have provided a list of recent guests to the Department of Health for monitoring. We consider guest safety most important, and we have and we will do everything we can to address the matter." Legionnaire's [disease] is a severe form of pneumonia. It is usually caused by breathing in the mist from hot tubs, showers or air conditioning units contaminated by *Legionella*. Symptoms include fever, chills, muscle aches and a high fever. It usually develops 2 to 14 days after exposure. The disease often crops up in hotels and water parks where people are exposed to water spray. The Luxor hotel in Las Vegas and the four-star Diamante Beach Hotel in [Calpe,] Spain have experienced Legionnaire's [disease] outbreaks in recent weeks. The 6 Best Western guests who became ill have recovered. It was [New York] state epidemiologists who tracked the illness back to the hotel. Water tests were conducted at the hotel on Jan. 24 [2012] and the results were confirmed on Monday [Jan 30, 2012]. Best Western Sovereign will flush its water system on Sunday [Feb 5, 2012] under the supervision of county officials, said Mary Rozak, spokeswoman for Albany County Department of Health. The state and county health departments also have instructed the hotel to inform current and prospective customers about the problem, and the county is contacting guests who have recently stayed at the hotel. The hotel also has raised the temperature of the water to help kill off the bacteria. "The bottom line is everyone has recovered," said Rozak. "This is not an outbreak or a crisis. This has been identified and it is being acted upon." In 2010, there were more than 400 cases of Legionnaire's disease in New York [State], including 10 in Albany County. The disease is usually mild and most people recover. (Water Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) \*Non-suspect case

## **INTERNATIONAL DISEASE REPORTS**

**FOODBORNE ILLNESS (MEXICO):** 9 February 2012, Authorities treated more than 700 people for food poisoning after a political rally in southern Mexico this week, officials said. Exactly what caused the food poisoning was unclear, officials from the health ministry in Mexico's Guerrero state said Wed 8 Feb 2012. Authorities were testing food and drink samples from the event and sending representatives to communities throughout the area to look for additional cases. Alberta Garcia Adame told CNN affiliate Televisa she started to feel sick after eating egg tacos at a rally Tuesday [7 Feb 2012] in Chilapa, Guerrero for Sergio Dolores Flores, who is running for congress as a candidate for Mexico's Institutional Revolutionary Party. As the number of cases grew, doctors treated many patients at a local hospital and a temporary shelter at the back of a local church, Televisa reported. Guerrero State Health Secretary Rufino Dominguez said in a statement Wed 8 Feb 2012 that nearly all of the patients had been treated and released. (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) \*Non-suspect case

**LEGIONELLOSIS (SPAIN):** 9 February 2012, The department of health in the UK has identified another case of legionellosis related to the Calpe Hotel in an individual who stayed there from 3-24 Jan 2012. The British health authorities were informed of this new case, and the Director General of Health has confirmed the "time-space relationship" with the outbreak [associated with the (AR Diamante Beach) Hotel in Calpe, Costa Blanca Spain] that has led to the deaths of 3 people who stayed at the hotel during those dates. There have been 16 cases reported thus far. Those patients who are presently in the hospital are in "stable" condition according to the Health Department. Of the 16 affected individuals, 12 are British and 4 are Spaniards (3 workers at the center and one tourist), whose ages range from 44 to 88 years. The health authorities are confident that the Diamante Beach Hotel in Calpe will be able to reopen later this week after a thorough cleaning. (Water Safety Threats are listed in Category A on the CDC List of Critical Biological Agents) \*Non-suspect case

**E. COLI 0157 (CANADA):** 6 February 2012, The Canadian Food Inspection Agency (CFIA) and New Middleast Supermarket, 1755 Bank Street, Ottawa, ON, Canada, are warning the public not to consume the finely ground beef described below because the product may be contaminated with *E. coli* O157:H7. The affected ground beef is a finely ground raw beef known to be used for kebbeh. This product was sold on 28 and 29 Dec 2011 from the New Middleast Supermarket, 1755 Bank Street, Ottawa, Ontario. This product was likely served from the fresh meat counter in plastic bags wrapped with paper. The packages may not bear a label identifying store name and other information. Consumers are advised to contact the retailer if you are unsure as to whether you have the affected beef product stored in your home freezer. There has been one confirmed illness associated with the consumption of this product. (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) \*Non-suspect case

**CRYPTOSPORIDIOSIS (AUSTRALIA):** 5 February 2012, Families have been warned to take extra vigilance with hygiene and watch for signs of illness after the outbreak of a serious and highly contagious children's stomach infection. Queensland Health said the number of cases of the cryptosporidiosis intestinal disease had reached 51 in a month when the usual number of yearly cases was below 20. Cryptosporidiosis, or crypto for short, is an infection caused by a microscopic parasite that is a common cause of acute diarrhea in young children. "If you've got 51 cases confirmed in a lab, chances are there are hundreds out there," Public Health medical officer Dr Steven Donohue said. Cairns and Hinterland Health District recorded 51 lab-tested cases of crypto in January [2012], Dr Donohue said. "In a normal year you might get 10 or 20 cases," he said, adding the last outbreak in Cairns was in 2008. Dr Donohue sent a warning letter to day care centers to alert them to the outbreak of crypto. In the letter, Dr Donohue instructed day care centers to exclude children with diarrhea until they have not had symptoms for 48 hours. He also recommended that swimming pools at day care centers be disinfected with adequate chlorination or refilled after each session. Queensland Health is also in the process of notifying swimming pool operators about the health risk, Dr Donohue said. "We're not blaming the pools but they are a known factor in magnifying the outbreak," he said. "The pool operators should be very careful to make sure children with diarrhea or dirty nappies are not in pools." Dr Donohue said children who have had diarrhea should not swim in a public pool for at least 2 weeks after symptoms stop. Cairns Regional Council pools are tested regularly and would continue to be monitored closely, a spokeswoman said. In May 2010, the parasite that causes crypto was detected in southern Cairns' water supply, prompting warnings at that time for thousands of residents to boil their drinking water. A council spokeswoman yesterday said the drinking water supply is regularly tested and there



was no sign of the parasite that causes crypto in the water. While crypto is generally not serious for most people, those with weakened immune systems could develop severe and long-lasting illness, which may contribute to death. The best protection from crypto is thorough hand washing before eating and after using the toilet, Dr Donohue said. (Water Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) \*Non-suspect case

## **OTHER RESOURCES AND ARTICLES OF INTEREST**

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website:  
<http://preparedness.dhmf.maryland.gov/>

Maryland's Resident Influenza Tracking System: <http://dhmf.maryland.gov/flusurvey>

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**NOTE:** This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail me. If you have information that is pertinent to this notification process, please send it to me to be included in the routine report.

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## Syndrome Definitions for Diseases Associated with Critical Bioterrorism-associated Agents

**Table: Text-based Syndrome Case Definitions and Associated Category A Conditions**

<b>Syndrome</b>	<b>Definition</b>	<b>Category A Condition</b>
Botulism-like	<p>ACUTE condition that may represent exposure to botulinum toxin</p> <p>ACUTE paralytic conditions consistent with botulism: cranial nerve VI (lateral rectus) palsy, ptosis, dilated pupils, decreased gag reflex, media rectus palsy.</p> <p>ACUTE descending motor paralysis (including muscles of respiration)</p> <p>ACUTE symptoms consistent with botulism: diplopia, dry mouth, dysphagia, difficulty focusing to a near point.</p>	Botulism
Hemorrhagic Illness	<p>SPECIFIC diagnosis of any virus that causes viral hemorrhagic fever (VHF): yellow fever, dengue, Rift Valley fever, Crimean-Congo HF, Kyasanur Forest disease, Omsk HF, Hantaan, Junin, Machupo, Lassa, Marburg, Ebola</p> <p>ACUTE condition with multiple organ involvement that may be consistent with exposure to any virus that causes VHF</p> <p>ACUTE blood abnormalities consistent with VHF: leukopenia, neutropenia, thrombocytopenia, decreased clotting factors, albuminuria</p>	VHF
Lymphadenitis	<p>ACUTE regional lymph node swelling and/ or infection (painful bubo- particularly in groin, axilla or neck)</p>	Plague (Bubonic)
Localized Cutaneous Lesion	<p>SPECIFIC diagnosis of localized cutaneous lesion/ ulcer consistent with cutaneous anthrax or tularemia</p> <p>ACUTE localized edema and/ or cutaneous lesion/ vesicle, ulcer, eschar that may be consistent with cutaneous anthrax or tularemia</p> <p>INCLUDES insect bites</p> <p>EXCLUDES any lesion disseminated over the body or generalized rash</p> <p>EXCLUDES diabetic ulcer and ulcer associated with peripheral vascular disease</p>	Anthrax (cutaneous) Tularemia
Gastrointestinal	<p>ACUTE infection of the upper and/ or lower gastrointestinal (GI) tract</p> <p>SPECIFIC diagnosis of acute GI distress such as Salmonella gastroenteritis</p> <p>ACUTE non-specific symptoms of GI distress such as nausea, vomiting, or diarrhea</p> <p>EXCLUDES any chronic conditions such as inflammatory bowel syndrome</p>	Anthrax (gastrointestinal)

**Syndrome Definitions for Diseases Associated with Critical Bioterrorism-associated Agents**  
(continued from previous page)

<b>Syndrome</b>	<b>Definition</b>	<b>Category A Condition</b>
Respiratory	<p>ACUTE infection of the upper and/ or lower respiratory tract (from the oropharynx to the lungs, includes otitis media)</p> <p>SPECIFIC diagnosis of acute respiratory tract infection (RTI) such as pneumonia due to parainfluenza virus</p> <p>ACUTE non-specific diagnosis of RTI such as sinusitis, pharyngitis, laryngitis</p> <p>ACUTE non-specific symptoms of RTI such as cough, stridor, shortness of breath, throat pain</p> <p>EXCLUDES chronic conditions such as chronic bronchitis, asthma without acute exacerbation, chronic sinusitis, allergic conditions (Note: INCLUDE <i>acute exacerbation</i> of chronic illnesses.)</p>	<p>Anthrax (inhalational)</p> <p>Tularemia</p> <p>Plague (pneumonic)</p>
Neurological	<p>ACUTE neurological infection of the central nervous system (CNS)</p> <p>SPECIFIC diagnosis of acute CNS infection such as pneumococcal meningitis, viral encephalitis</p> <p>ACUTE non-specific diagnosis of CNS infection such as meningitis not otherwise specified (NOS), encephalitis NOS, encephalopathy NOS</p> <p>ACUTE non-specific symptoms of CNS infection such as meningismus, delirium</p> <p>EXCLUDES any chronic, hereditary or degenerative conditions of the CNS such as obstructive hydrocephalus, Parkinson's, Alzheimer's</p>	Not applicable
Rash	<p>ACUTE condition that may present as consistent with smallpox (macules, papules, vesicles predominantly of face/arms/legs)</p> <p>SPECIFIC diagnosis of acute rash such as chicken pox in person &gt; XX years of age (base age cut-off on data interpretation) or smallpox</p> <p>ACUTE non-specific diagnosis of rash compatible with infectious disease, such as viral exanthem</p> <p>EXCLUDES allergic or inflammatory skin conditions such as contact or seborrheic dermatitis, rosacea</p> <p>EXCLUDES rash NOS, rash due to poison ivy, sunburn, and eczema</p>	Smallpox
Specific Infection	<p>ACUTE infection of known cause not covered in other syndrome groups, usually has more generalized symptoms (i.e., not just respiratory or gastrointestinal)</p> <p>INCLUDES septicemia from known bacteria</p> <p>INCLUDES other febrile illnesses such as scarlet fever</p>	Not applicable

**Syndrome Definitions for Diseases Associated with Critical Bioterrorism-associated Agents**  
(continued from previous page)

<b>Syndrome</b>	<b>Definition</b>	<b>Category A Condition</b>
Fever	<p>ACUTE potentially febrile illness of origin not specified</p> <p>INCLUDES fever and septicemia not otherwise specified</p> <p>INCLUDES unspecified viral illness even though unknown if fever is present</p> <p>EXCLUDE entry in this syndrome category if more specific diagnostic code is present allowing same patient visit to be categorized as respiratory, neurological or gastrointestinal illness syndrome</p>	Not applicable
Severe Illness or Death potentially due to infectious disease	<p>ACUTE onset of shock or coma from potentially infectious causes</p> <p>EXCLUDES shock from trauma</p> <p>INCLUDES SUDDEN death, death in emergency room, intrauterine deaths, fetal death, spontaneous abortion, and still births</p> <p>EXCLUDES induced fetal abortions, deaths of unknown cause, and unattended deaths</p>	Not applicable